



LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

MISSING DOCUMENTS REPORT

For Application for Licensure/Certification

This is to advise that generally, applications for initial licensure may not be finally acted upon by this agency for 60-90 days from receipt of the initial application for the reason that this agency conducts an investigation of data submitted by the applicant. The investigation includes certain primary source verification. This agency has little, if any control, over the response-time for certain sources of information solicited by this agency.

Date:

Dear

For your file to be complete provide the following documents indicated by "X":

PART A:

1. General

Completed Application (www.lsbme.org)

Name page notarized

Oath or Affirmation yes answer affidavit

Third Party Authorization

Certificate of Dean/Registrar

Mailed
Received

All time accounted

Character Recommendation ()

Criminal Background Check Initiated

Criminal Background Check Complete DOC FED

Licensure Fee(s) in the amount of \$ See comments

Photographs (passport quality photographs)

1, 2 or 3

Original Professional Degree 8 ½ x 11 photocopy
sealed or stamped and signed by an authorized
representative Copy for file.

Certified Copy of Examination (Exam:)

LOSFA Checked LOSFA Clear

2. Legal Status:

Original/Certified Birth Certificate

Original Passport (with explanation)

Original Certificate of Naturalization

Original Resident/Permanent Alien card

Valid visa (Type)
Number)

PART B:

1. General

Verification/Endorsement if licensed in another state

Specify states:

Certificate of Medical/Professional Society

Proof of registration for exam.

Proof of Cont. Education Credits (Specify #)

Personal Appearance: Date:

Before:

Letter from Program Director

Original/Certified copy of State License Copy for file

3. MD/DO

Verification of Internship or Equivalent Program

Mailed
Received

Original Intern/Residency Certificate

Dispensing Registration Fee Paid

Copy of Current, unrestricted State (DHH) narcotic
license (Number)

Copy of Current, unrestricted Federal (DEA) narcotic
license (Number)

Original ECFMG certificate 8 ½ x 11 photocopy
sealed by and received from

Proof of Training (IMG-U.S. only)

2. IF NAME CHANGE:

Certified Copy of Marriage Certificate

Divorce decree; Adoption papers

Court record of official name change

Documentation/explanation of use of alternate name

4. ALLIED HEALTH

a. General

Certificate from professional entity
(Specify type)
Verification of Credentials /Certification
(Specify type)
Official college transcripts
Original High School Diploma
Official Transcripts
Clinical Experience (MDW/CLAB)

b. ATH/MDW

Notarized copy of American Red Cross CPR
certification
Copy of American Red Cross First Aid
Certification
Proof of Training

c. OTT/OTA

Proof of supervision

d. RTH

Letter of Completion (specify)

PART C:

Comments:

PART D:

Name of Licensing Analyst:

E-mail address:

Telephone (504) 568-6820 Extension:

Signature _____

, Licensing Analyst Supervisor has reviewed this file.